



116 W Bartlett Ave
Bartlett, IL 60103

Payment and Collections Policy, Cancellation Policy

Payment policy:

The patient/guarantor accepts that they are responsible for 100% of any costs associated with treatment if insurance does not pay for any reason including if the insurance policy is inactive on the date of service. If insurance does pay a portion of any treatment, the Patient/guarantor is 100% responsible for any difference in what insurance pays vs total cost of treatment. As a courtesy, our office will submit to the patient's insurance on their behalf and will do our best to provide an accurate quote based on the policy information provided to us, however, each individual patient is responsible for understanding their own individual policy. This includes but is not limited to deductibles, co-payments, alternative benefits, and yearly maximums.

Payment for any deductible + the cost of treatment that is not covered by insurance is due at time of service. We reserve the right to collect up to 100% of the cost of treatment.

Collection Policy:

We do our best to be as accurate as possible with our pre-treatment estimates, however if there ends up being a balance, we will reach out via phone and/or text and will send you an initial statement in the mail. Payment is due within 30 days from when the initial statement was sent in the mail.

If patient does not respond and payment is not received after 1 week of the initial contact/statement, we send up to 3 letters/statements. After the 3rd letter/statement is sent in the mail or if an aged balance is present 90 days from the date of service, we have the right to send the balance owed to a collections agency which may impact your credit score.

We do our best to be as accommodating as possible and accept multiple forms of payment. We do not accept payment plans except in unique circumstances and at our discretion.

Cancellation Policy:

If you need to cancel or reschedule your appointment, please call our office and give at least a 48-hour notice. Failure to do so may result in a cancellation fee of up to \$100 per hour scheduled per person.

Patient Name: _____

Guarantor (responsible party) Name: _____

Patient/Guarantor Signature: _____

Date: _____